

***Marshfield Clinic AmeriCorps Afterschool***  
Membership Application



**Marshfield Clinic<sup>®</sup>**  
**Center for Community Outreach**

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**2017-2018**



**MAIL COMPLETED APPLICATION TO:**

*The local agency you applied with*

OR

Marshfield Clinic

Attn: Brian Blahnik

1000 North Oak Avenue (F1C)

Marshfield WI 54449

**APPLICANT REQUIREMENTS:**

1. Must be able to begin on September 11, 2017
2. Must be at least 19 years old by September 11, 2017
3. Must have a minimum of a High School diploma or GED/HSED
4. Must be willing to serve for up to 12 months and complete the full term of service

**QUESTIONS:**

Contact Brian Blahnik at 800-782-8581, extension 18403

or email at [blahnik.brian@marshfieldclinic.org](mailto:blahnik.brian@marshfieldclinic.org)

\*All positions are pending federal funding.

**Member Application**

**PLEASE READ BELOW BEFORE PROCEEDING**

Thank you for applying to Marshfield Clinic AmeriCorps Afterschool. We look forward to receiving your application.

Before mailing this application, please read the notes below. It is our hope to provide you with very clear expectations and benefits of becoming a member of one of the finest AmeriCorps teams in Wisconsin.

- Members must commit to the full 1700 hours of service. Members usually serve for a period of up to 12 months, which is negotiated with you at the time of your application (between you and your host site). It is very important to the future of the program that no member leaves before they complete their term of service (1700 hours minimum).
- Members will receive a living allowance while serving, which is paid every other week at a rate of approximately \$485.77 gross. Actual check payments are based upon your tax status.
- Members are eligible to receive a basic healthcare insurance plan (premium paid by Marshfield Clinic), which covers only the member; it is not available to other family members. This plan does not include eye or dental care.
- Members may receive subsidized childcare (*household income must qualify*). In most cases, this payment is 80 - 100% of care costs.
- Members will receive a \$5,815.00 education award upon successful completion of their term of service.
- Member living allowances, educational awards (when used) and forbearance interest payments are taxable.
- Members will be expected to serve a minimum of 35 – 40 hours per week on average. The schedule is negotiated with your Host Site Supervisor and is flexible. Members should not serve less than 25 hours per week (average) unless on vacation.
- **Members must be available to attend the entire member orientation September 11-14, 2017, Opening Ceremony in October, TBD and midterm training January 3-5, 2018. These events are not optional**
- Members cannot be employed by their host site if conducting same or similar work as service; however members can be employed in other jobs. Speak with the Director if you have questions.
- If a member has another job or is enrolled in school, they will need to look carefully at the time commitment this program will require and ensure they can complete the service requirements.
- Members will receive service gear provided by the program.
- Members will gain valuable skills and leadership training, along with building future references and qualifications.
- Members will be provided with training and teambuilding opportunities several times throughout the year.

**DO NOT APPLY IF YOU CANNOT:**

- *Commit to 1,700 hours of service and the completion of the term of service.*
- *Complete up to a 12 month commitment with minimal living allowance.*
- *Cannot attend the trainings listed above.*



**COMMUNITY SERVICE**

In the spaces below, describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to help out or get involved, and what you received in return-that is, what you learned or how it made you feel. Think in broad terms. Your involvement could include serving in neighborhood, school, youth, religious, social, professional, or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

How have you been involved in your community? If you served in an organization, include the organization name, location, dates, and phone number. List most recent activity first.

Dates of Involvement: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Month \_\_\_\_\_  
*month/year month/year*

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

Dates of Involvement: From \_\_\_\_\_ To \_\_\_\_\_ Hours per Month \_\_\_\_\_  
*month/year month/year*

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

Have you previously served in AmeriCorps? Yes No

If so - Program name (check all that apply):

AmeriCorps\*VISTA AmeriCorps\*NCCC AmeriCorps\*State and National Program

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
*city state month/year month/year*

Did you complete your term of service? Yes No

If no, why not?

**EMPLOYMENT**

List and briefly describe the last three positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full or part-time paid or unpaid work experience. (You may attach a resume instead only if it addresses the information requested below.)

<b>Name and Address of Employer</b>	<b>Dates</b>	<b>Job Title and Duties</b>
Organization, city/state:     Supervisor and Phone:	From:   To:   Hours/week:	Title:  Duties:  Reason for Leaving:
Organization, city/state:     Supervisor and Phone:	From:   To:   Hours/week:	Title:  Duties:  Reason for Leaving:
Organization, city/state:     Supervisor and Phone:	From:   To:   Hours/week:	Title:  Duties:  Reason for Leaving:

**MOTIVATIONAL STATEMENT**

Why do you want to join AmeriCorps? What could you contribute to AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate piece of paper and limit your response to 500 words.

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**SKILLS AND EXPERIENCE**

Listed below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

**Example:** \* Counseling Dorm Advisor

Architecture Planning_____	Business_____
Computers_____	Communications_____
Counseling_____	Conflict Resolution_____
Education_____	First Aid_____
Fine Arts/Crafts_____	Fundraising_____
Law_____	Medicine_____
Public Health_____	Public Speaking_____
Recruitment/Outreach_____	Teaching/Tutoring_____
Trade Skills_____	Writing/Editing_____
Youth Development_____	Other (specify)_____

Do you know or have you studied any language other than English? Yes No

Language: \_\_\_\_\_ Number of Years Studied or Spoken: \_\_\_\_\_

Speaking Ability:      Poor      Fair      Good      Excellent

Writing Ability:      Poor      Fair      Good      Excellent

In the space below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application.

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**LEGAL**

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, be grounds for non-enrollment. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

Have you **EVER** been:

- convicted of any criminal offense by a civilian court or military authorities? Yes No
- adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or authorities? Yes No

Are you now:

- under charges for any offenses or are any civil suits or judgments pending against you? Yes No
- on probation or parole? Yes No

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: \_\_\_\_\_ Place (city/state): \_\_\_\_\_

Charge: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law. *You may attach any additional information or explanation on a separate sheet.*

**Public Notice of Non-discrimination for participants in the Marshfield Clinic AmeriCorps program:**

In compliance with Corporation for National Service regulations and provisions, programs that receive federal funding, which includes Marshfield Clinic AmeriCorps, must notify service recipients, applicants, Program staff, and the public, including those with impaired vision or hearing, that it operates its program or its activity in accordance with requirements of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

All AmeriCorps programs prohibit any form of discrimination against persons with disabilities in recruitment, as well as in service. No qualified individual with a disability shall be denied the benefits of the program, be excluded from participation in services and activities or be subjected to discrimination by the program. No person shall be denied membership into AmeriCorps by reason of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age. Veterans are encouraged to apply. It is unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination.

In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National Service. If you believe that you or others have been discriminated against, or if you want more information, contact:

Office of Civil Rights and Inclusiveness, Corporation for National Service  
1201 New York Avenue, NW  
Washington, D.C. 20525  
(202) 606-7503, (voice); (202) 606-3472 (TDD)  
(202) 606-3465 (FAX); eo@cns.gov (e-mail)

**CERTIFICATION**

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps\*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 974 (5 U.S.C 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 126592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorize requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

**Your application must be certified with your original signature.**

Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

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